

MAINE PUBLIC HEALTH ALERT NETWORK SYSTEM



*Maine Department of Health and Human Services
Maine Center for Disease Control and Prevention (Maine CDC)
(Formerly Bureau of Health)
11 State House Station
Augusta, Maine 04333-0011
Phone 1-800-821-5821 / Fax 207-287-7443*

*****ADVISORY – Important Information*****

2010PHADV002

TO: All Required, All Academic, All CDC, All City and County Health Departments, All Healthcare, All Lab Facilities, MEMA Duty Officers, Northern New England Poison Control Center, All State and Federal Agencies

FROM: Dora Anne Mills, M.D., M.P.H., Public Health Director

SUBJECT: Early Treatment for Influenza-like Illness

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Early Treatment for Influenza-like Illness

The purpose of this health advisory is to reinforce recommendations for early treatment of patients with increased risk of complications from influenza. Early treatment for influenza may prevent secondary bacterial infections.

During the past two weeks, an increase in cases of invasive *Streptococcal pneumoniae* has been observed. Cases of severe H1N1 influenza that have required hospitalization have also been reported. Circulation of influenza viruses is expected to continue through the winter months when invasive bacterial infections are also common.

Recommendations:

Prompt empiric treatment

When treatment of influenza is indicated in a patient with suspected influenza, health care providers should initiate empiric antiviral treatment as soon as possible. Waiting for laboratory confirmation of influenza to begin treatment with antiviral drugs is not necessary. Patients with a negative rapid influenza diagnostic test should be considered for treatment if clinically indicated because a negative rapid influenza test result does not rule out influenza virus infection. **The sensitivity of rapid influenza diagnostic tests for 2009 H1N1 virus can range from 10% to 70%, indicating that false negative results occur frequently.**

Prompt empiric treatment is recommended for persons with influenza like illness (fever .100 F or 37.8 C and one of the following rhinorrhea or nasal congestion, sore throat, cough) or confirmed influenza and:

- Illness requiring hospitalization
- Progressive, severe, or complicated illness, regardless of previous health status, and/or
- Patients with risk factor(s) for severe disease, including
 - Children younger than 2 years old
 - Adults 65 years of age or older
 - Pregnant women and women up to 2 weeks postpartum
 - Persons with certain medical conditions, including
 - Asthma
 - Neurological and neuro-developmental conditions
 - Chronic lung disease
 - Heart disease
 - Blood disorders
 - Endocrine disorders (such as diabetes mellitus)
 - Kidney disorders
 - Liver disorders
 - Metabolic disorders
 - Weakened immune system due to disease or medication
 - People younger than 19 years of age who are receiving long-term aspirin therapy

How to treat

- Antiviral drugs: oseltamivir (oral), zanamivir (inhaled)
- Initiate treatment as early as possible after onset of symptoms
- Treat empirically before diagnostic test results are reported
- When definitive diagnosis is indicated, request definitive diagnostic tests (PCR) rather than rapid tests

Access to the State-Purchased Cache for Outpatients

In an effort to minimize financial barriers, Maine CDC has mobilized a significant portion of the state-purchased stockpile of antiviral medications for use by patients who do not have adequate insurance coverage (no insurance, high deductibles, high co-pays). Read the [full Health Alert](#) issued on this topic. Sites of distribution include all Hannaford's pharmacies, other participating pharmacies, and federally qualified health centers (FQHCs). Locations of these are listed below.

- Hannaford Pharmacies ([Excel*](#))
- Map of Hannaford pharmacies ([PDF*](#))
- Distribution to Maine Federally Qualified Health Centers ([Excel*](#) | [PDF*](#))
- Independent Pharmacies ([Word*](#) | [PDF*](#))

Guidance on the criteria for use, including a decision-making algorithm, instructions for prescribing medications from this cache and instructions for reporting ([Word*](#) | [PDF*](#)).

Tracking Document for providers to send to the Maine CDC - ([Word*](#))

Access to the Strategic National Stockpile for Inpatients

The Strategic National Stockpile has been distributed to hospitals for use in the inpatient setting. Use of supplies must be pre-approved by the hospital pharmacist at the hospital requesting the medications, and by the Northern New England Poison Center (NNEPC) (acting for the Maine Center for Disease Control and Prevention).

At this time use of antiviral medications will only be considered for significantly ill patients if:

1. Your normal hospital supply is depleted or nearly depleted.
- OR
2. The patients are uninsured or underinsured (doubt as to whether can pay).

Distribution will follow approval from the NNEPC.*

Use the following algorithm to determine whether it is appropriate to access this stockpile ([Word](#) | [PDF](#))

EUA on Peramivir IV

Because the FDA has no intravenous formulation of antiviral product for the treatment of hospitalized patients with influenza, it has issued an Emergency Use Authorization of Peramivir IV (<http://www.cdc.gov/h1n1flu/eua/peramivir.htm>). Peramivir IV is currently under development for treatment of acute influenza in patients who require hospitalization due to the severity of influenza virus infection. The efficacy and safety of Peramivir have not yet been established. For more information: <http://emergency.cdc.gov/h1n1antivirals/>

Pediatric Considerations

[Use of Antiviral Medications for the Management of Influenza in Children and Adolescents for the 2009-2010 Season -- Pediatric Supplement for Health Care Providers](#) Recommendations specific to children and adolescents, based on current recommendations for antiviral use and influenza diagnostic testing recommendations.

Q&A on opening and mixing Tamiflu® capsules with liquids for children who cannot swallow capsules is available here: http://www.cdc.gov/H1N1flu/antivirals/mixing_tamiflu_qa.htm.

Disease Reporting and Consultation

Maine CDC Disease Reporting and Clinical Consultation line (1-800-821-5821) is available 24 hours, 7 days a week to clinicians for consultation on influenza treatment and diagnostics. Maine CDC requests the report of patient with influenza-like illness that are hospitalized, have died, or that may be associated with an outbreak.

Clinical Algorithm for consideration in the assessment of persons with mild or uncomplicated influenza illness

